

United States Bankruptcy Court for the:

Southern District of New York

Case number (if known): Chapter 7

☐ Check if this is an amended filing

## Official Form 201

## Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	The Office of the Institution Formerly Known as Alliance University		
2. All other names debtor used in the last 8 years	Alliance University DBA: Seminario Teologico de Puerto Rico Nyack 2 Washington LLC - EIN 36-4830905, 2016-present Nyack College		
3. Debtor's federal Employer Identification Number (EIN)	13-1740285		
4. Debtor's address	Principal place of business		Mailing address, if different from principal place of business
	2 Washington Street		
	Number	Street	Number Street
	New York NY 10004		P.O. Box
	City	State	ZIP Code
	New York County		Location of principal assets, if different from principal place of business
	County		
			Number Street
			City State ZIP Code
5. Debtor's website (URL)	allianceu.edu		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:		

Debtor The Office of the Institution Formerly Known as Alliance University Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

B. Check all that apply:

- ☒ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.naics.com/search/>.

6113

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☒ Chapter 7  
☐ Chapter 9  
☐ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY  
Case number, if known \_\_\_\_\_

List all cases. If more than 1, attach a separate list.

Debtor The Office of the Institution Formerly Known as Alliance University  
Name Case number (if known)

11. Why is the case filed in *this district*?

Check all that apply:

- ☐ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_

Where is the property?

Number Street  
\_\_\_\_\_  
City State ZIP Code

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |

15. Estimated assets

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million             | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input checked="" type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million           | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million          | <input type="checkbox"/> More than \$50 billion        |

Debtor The Office of the Institution Formerly Known as Alliance University  
Name

Case number (if known)

16. Estimated liabilities

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million              | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million             | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input checked="" type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million           | <input type="checkbox"/> More than \$50 billion        |

Request for Relief, Declaration, and Signatures

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/24/2024  
MM / DD / YYYY

X /s/ Matthew Kelly  
Signature of authorized representative of debtor  
Title CEO

Matthew Kelly  
Printed name

18. Signature of attorney

X /s/ Steven Soulios  
Signature of attorney for debtor

Date 12/24/2024  
MM / DD / YYYY

Steven Soulios  
Printed name

Ruta Soulios & Stratis LLP  
Firm name

104 West 27th Street 11th Floor

Number Street  
New York NY 10001  
City State ZIP Code

646-734-5440 ssoulios@lawnynj.com  
Contact phone Email address

2338408 NY  
Bar number State

**Fill in this information to identify the case:**

Debtor name The Office of the Institution Formerly Known as Alliance University  
United States Bankruptcy Court for the: Southern District of New York  
(State)  
Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum**

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B* .....

\$ 13,000,000.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B* .....

\$ 1,830,832.17

1c. **Total of all property:**

Copy line 92 from *Schedule A/B* .....

\$ 14,830,832.17

**Part 2: Summary of Liabilities**

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....

\$ 55,455,648.10

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F* .....

\$ 122,653.63

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* .....

+\$ 1,487,261.19

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ 57,065,562.92

## Fill in this information to identify the case:

Debtor name The Office of the Institution Formerly Known as Alliance UniversityUnited States Bankruptcy Court for the: Southern District of New York

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

## Part 1: Cash and cash equivalents

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

## All cash or cash equivalents owned or controlled by the debtor

## Current value of debtor's interest

## 2. Cash on hand

\$ 0.00

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. ConnectOneChecking9 5 1 6

\$ 167.17

3.2. \_\_\_\_\_

\$ \_\_\_\_\_

## 4. Other cash equivalents (Identify all)

4.1. \_\_\_\_\_

\$ \_\_\_\_\_

4.2. \_\_\_\_\_

\$ \_\_\_\_\_

## 5. Total of Part 1

\$ 167.17

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

## Part 2: Deposits and prepayments

## 6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

## Current value of debtor's interest

## 7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. \_\_\_\_\_

\$ \_\_\_\_\_

7.2. \_\_\_\_\_

\$ \_\_\_\_\_

Debtor

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Case number (if known)

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_

8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ \_\_\_\_\_

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less:  $\frac{0.00}{\text{face amount}} - \frac{0.00}{\text{doubtful or uncollectible accounts}} = \dots \rightarrow$  \$ 0.0011b. Over 90 days old:  $\frac{1,232,000.92}{\text{face amount}} - \frac{1,232,000.92}{\text{doubtful or uncollectible accounts}} = \dots \rightarrow$  \$ 0.00**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 0.00

**Part 4: Investments****13. Does the debtor own any investments?**☐ No. Go to Part 5.☒ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. Nyack 2 Washington LLC 100 % \$ Unknown

15.2. \_\_\_\_\_ % \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00

Debtor

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Case number (if known) \_\_\_\_\_

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	_____	\$ _____	_____	\$ _____
20. Work in progress	_____	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	_____	\$ _____	_____	\$ _____
22. Other inventory or supplies	_____	\$ _____	_____	\$ _____
23. Total of Part 5				\$ _____

Add lines 19 through 22. Copy the total to line 84.

**24. Is any of the property listed in Part 5 perishable?**

- ☐ No
- ☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____



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33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

34. **Is the debtor a member of an agricultural cooperative?**☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_36. **Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> Standard office furniture	\$ 9,214,257.00		\$ 200,000.00
40. <b>Office fixtures</b>	\$ _____		\$ _____
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b>	\$ _____		\$ _____
42. <b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 Paintings	\$ _____		\$ 50,000.00
42.2 _____	\$ _____		\$ _____
42.3 _____	\$ _____		\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 250,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

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**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
<b>49. Aircraft and accessories</b>			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
	\$ _____	_____	\$ _____
<b>51. Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			\$ _____

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No
- ☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 2 Washington Street, New York, NY 10004	Owner	41,360,461.00 \$	Appraisal	13,000,000.00 \$
55.2		\$		\$
55.3		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

13,000,000.00  
\$

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No  
☒ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No  
☒ Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$		\$
61. Internet domain names and websites Domain name alianceu.edu	\$		Unknown \$
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations	\$		\$
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$		\$

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

0.00  
\$

Debtor

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Case number (if known)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

**Current value of  
debtor's interest**

71. Notes receivable

Description (include name of obligor)

0.00	—	0.00	= →	\$ 0.00
Total face amount		doubtful or uncollectible amount		

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Employee Retention Tax Credit

Tax year 2022	\$ 1,243,533.00
Tax year	\$
Tax year	\$

73. Interests in insurance policies or annuities

\$

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$

Nature of claim

Amount requested \$

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$

Nature of claim

Amount requested \$

76. Trusts, equitable or future interests in property

Title IV Funds held by federal Department of Education (net of Perki

\$ 337,132.00

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$

\$

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 1,580,665.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

Debtor

Name

Case number (if known)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ 167.17	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$ 0.00	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$ 250,000.00	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> ..... →		\$ 13,000,000.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$ 1,580,665.00	
91. <b>Total.</b> Add lines 80 through 90 for each column. .... 91a.	\$ 1,830,832.17	+ 91b. \$ 13,000,000.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. .... 14,830,832.17		\$ 14,830,832.17

**Fill in this information to identify the case:**Debtor name The Office of the Institution Formerly Known as Alliance UniversityUnited States Bankruptcy Court for the: Southern District of New York

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim****2.1 Creditor's name**Nataxis Real Estate Capital LLC**Describe debtor's property that is subject to a lien**\$ 50,681,436.00\$ 13,000,000.00**Creditor's mailing address**1251 Avenue of the Americas  
New York, NY 10020**Describe the lien**Agreement you made, Mortgage on 2 Washi**Creditor's email address, if known**Date debt was incurred 03172016Last 4 digits of account number 0003**Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor,

**Is the creditor an insider or related party?**

- ☒ No
- ☐ Yes

**Is anyone else liable on this claim?**

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**2.2 Creditor's name**Safon Owner LLC c/o The Moinian Group**Describe debtor's property that is subject to a lien**\$ 2,167,063.71\$ 0.00**Creditor's mailing address**3 Columbus Circle  
Suite 2300, New York, NY 10019**Creditor's email address, if known**

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

**Describe the lien**Judgment, Judgement lien on real and persc**Is the creditor an insider or related party?**

- ☒ No
- ☐ Yes

**Is anyone else liable on this claim?**

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$ 55,455,648.10

**Part 1: Additional Page**

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.3** **Creditor's name**  
 The 17 Battery Place Condominium

**Describe debtor's property that is subject to a lien**

2 Washington Street, New York, NY 10004

\$39,821.13

\$13,000,000.00

**Creditor's mailing address**

3 Columbus Circle  
 Suite 2300, New York, NY 10019

**Creditor's email address, if known**

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☐ No

☒ Yes. Have you already specified the relative priority?

☒ No. Specify each creditor, including this creditor, and its relative priority.

The 17 Battery Place  
 Condominium, 0th; The 17 Battery

☐ Yes. The relative priority of creditors is specified on lines

**Describe the lien**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.4** **Creditor's name**  
 The 17 Battery Place Condominium

**Describe debtor's property that is subject to a lien**

2 Washington Street, New York, NY 10004

\$1,967,258.61

\$13,000,000.00

**Creditor's mailing address**

3 Columbus Circle  
 Suite 2300, New York, NY 10019

**Creditor's email address, if known**

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☐ No

☒ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☒ Yes. The relative priority of creditors is specified on lines 2.3

**Describe the lien**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Part 1: Additional Page**

Column A Amount of claim	Column B Value of collateral that supports this claim
Do not deduct the value of collateral.	

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p><b>2.5</b> <b>Creditor's name</b> The 17 Battery Place Condominium</p> <hr/> <p><b>Creditor's mailing address</b>  3 Columbus Circle Suite 2300, New York, NY 10019</p> <hr/> <p><b>Creditor's email address, if known</b>  </p> <hr/> <p><b>Date debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____</p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <div style="border: 1px solid black; height: 20px; width: 250px; margin: 5px 0;"></div> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.3</u></p>	<p><b>Describe debtor's property that is subject to a lien</b> 2 Washington Street, New York, NY 10004</p> <div style="border: 1px solid black; height: 150px; width: 300px; margin: 5px 0;"></div> <p><b>Describe the lien</b>  </p> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b>              Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p><u>\$600,068.65</u></p> <p><u>\$13,000,000.00</u></p>
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<p><b>2.</b> <b>Creditor's name</b></p> <hr/> <p><b>Creditor's mailing address</b>  </p> <hr/> <p><b>Creditor's email address, if known</b>  </p> <hr/> <p><b>Date debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____</p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <div style="border: 1px solid black; height: 20px; width: 250px; margin: 5px 0;"></div> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <div style="border: 1px solid black; height: 150px; width: 300px; margin: 5px 0;"></div> <p><b>Describe the lien</b>  </p> <p><b>Is the creditor an insider or related party?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b>              Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p>\$ _____</p> <p>\$ _____</p>
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Debtor The Office of the Institution Formerly Known as Alliance University Case number (if known) \_\_\_\_\_  
Name

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Greystone Servicing Company LLC 5221 N. O'Connor Blvd. Suite 800 Irving, TX, 75039	Line 2. <u>1</u>	<u>0003</u>
	Line 2. <u>  </u>	<u>          </u>
	Line 2. <u>  </u>	<u>          </u>
	Line 2. <u>  </u>	<u>          </u>
	Line 2. <u>  </u>	<u>          </u>
	Line 2. <u>  </u>	<u>          </u>
	Line 2. <u>  </u>	<u>          </u>
	Line 2. <u>  </u>	<u>          </u>
	Line 2. <u>  </u>	<u>          </u>
	Line 2. <u>  </u>	<u>          </u>
	Line 2. <u>  </u>	<u>          </u>
	Line 2. <u>  </u>	<u>          </u>
	Line 2. <u>  </u>	<u>          </u>
	Line 2. <u>  </u>	<u>          </u>
	Line 2. <u>  </u>	<u>          </u>

**Fill in this information to identify the case:**

Debtor The Office of the Institution Formerly Known as Alliance University

United States Bankruptcy Court for the: Southern District of New York

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1 Priority creditor's name and mailing address**

NY State Sales Tax  
Harriman Campus Road  
Albany, NY 12227

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account  
number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is: \$ 50.00

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Taxes & Other Government Units

Total claim

Priority amount

\$ \_\_\_\_\_

**2.2 Priority creditor's name and mailing address**

NYS Insurance Fund  
PO BOX 5519  
BINGHAMTON, NY 13902-5519

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account  
number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is: \$ 16,694.17

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Taxes & Other Government Units

\$ \_\_\_\_\_

**2.3 Priority creditor's name and mailing address**

NYS Unemployment Insurance Fund  
PO BOX 4301  
Binghamton, NY 13902-4301

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account  
number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is: \$ 105,909.46

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Taxes & Other Government Units

\$ \_\_\_\_\_

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> ACADEMIC SEARCH INC 1015 18TH STREET NW SUITE 510 Washington, DC 20036  <b>Date or dates debt was incurred</b> <u>4/28/2023</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Credit Card Debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>5,000.00</u>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> ADPRO SPORTS, LLC 55 Amherst Villa Road Buffalo, NY 14225  <b>Date or dates debt was incurred</b> <u>4/17/2023</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Credit Card Debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>7,812.99</u>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> AETNA MIDDLETOWN PO BOX 88863 CHICAGO, IL 60695  <b>Date or dates debt was incurred</b> <u>1/17/2023</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Credit Card Debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>5,200.00</u>
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> AIR STREAM AIR CONDITIONING CORP 400 CROSSWAYS PARK DRIVE WOODBURY, NY 11797  <b>Date or dates debt was incurred</b> <u>6/1/2023</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Credit Card Debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>2,750.00</u>
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> ALLIED UNIVERSAL SECURITY SERVICES PO BOX 828854 Philadelphia, PA 19182-8854  <b>Date or dates debt was incurred</b> <u>5/25/2023</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Credit Card Debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>27,195.00</u>
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> AMERICAN EXPRESS PO Box 297871 Fort Lauderdale, FL 33329  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>3633</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>39,945.00</u>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3.<sup>7</sup> Nonpriority creditor's name and mailing address</p> <p>AMERICAN PHILANTHROPIC, LLC 119 N. HIGH STREET WEST CHESTER, PA 19380</p> <p>Date or dates debt was incurred <u>6/1/2023</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 11,000.00</p>
<p>3.<sup>8</sup> Nonpriority creditor's name and mailing address</p> <p>ARAMARK 24818 NETWORK PLACE ATTN: ARAMARK HIGHER EDUC CHICAGO, IL 60673-1248</p> <p>Date or dates debt was incurred <u>5/31/2023</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 73,790.66</p>
<p>3.<sup>9</sup> Nonpriority creditor's name and mailing address</p> <p>ARAMARK REFRESHMENT SERVICES PO BOX 21971 NEW YORK, NY 10087-1971</p> <p>Date or dates debt was incurred <u>4/28/2023</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 1,342.22</p>
<p>3.<sup>10</sup> Nonpriority creditor's name and mailing address</p> <p>ATLANTIC BUSINESS PRODUCTS 134 WEST 26TH STREET NEW YORK, NY 10001</p> <p>Date or dates debt was incurred <u>9/1/2023</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 41.64</p>
<p>3.<sup>11</sup> Nonpriority creditor's name and mailing address</p> <p>BETHEL GOSPEL ASSEMBLY, INC. 2-26 E 120TH STREET NEW YORK, NY 10035</p> <p>Date or dates debt was incurred <u>4/19/2023</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 3,550.00</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3. <sup>12</sup> Nonpriority creditor's name and mailing address</p> <p>CABLEVISION LIGHTPATH, INC. PO BOX 360111 PITTSBURGH, PA 15251</p> <p>Date or dates debt was incurred <u>6/1/2023</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>10,383.96</u></p>
<p>3. <sup>13</sup> Nonpriority creditor's name and mailing address</p> <p>CHARLES EDWARD BRESSLER 230 WATERFORD WAY ATHENS, GA 10606</p> <p>Date or dates debt was incurred <u>8/25/2023</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,200.00</u></p>
<p>3. <sup>14</sup> Nonpriority creditor's name and mailing address</p> <p>CHRISTIAN AND MISSIONARY ALLIANCE CHURCH One Alliance Place Reynoldsburg, OH 43068</p> <p>Date or dates debt was incurred <u>9/1/2023</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>300,000.00</u></p>
<p>3. <sup>15</sup> Nonpriority creditor's name and mailing address</p> <p>CINTAS CORPORATION NO. 2 PO BOX 631025 CINCINNATI, OH 45263-1025</p> <p>Date or dates debt was incurred <u>6/2/2023</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>12,277.75</u></p>
<p>3. <sup>16</sup> Nonpriority creditor's name and mailing address</p> <p>COMMISSION ON COLLEGIATE NURSING ONE DUPONT CIRCLE NW SUITE 530 WASHINGTON, DC 20036-1120</p> <p>Date or dates debt was incurred <u>5/12/2023</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>2,833.00</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>17</sup>	Nonpriority creditor's name and mailing address COSCHEDULE LLC 318 E BROADWAY AVE BISMARCK, ND 58501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 980.00
	Date or dates debt was incurred <u>8/9/2023</u> Last 4 digits of account number _____	Basis for the claim: Credit Card Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>18</sup>	Nonpriority creditor's name and mailing address D2L LTD 210 WEST PENNSYLVANIA AVE SUITE 400A TOWSON, MD 21204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 31,697.37
	Date or dates debt was incurred <u>12/15/2022</u> Last 4 digits of account number _____	Basis for the claim: Credit Card Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>19</sup>	Nonpriority creditor's name and mailing address DAVID HEARN PO BOX 369 PRITCHARD, BC V0E-2P0	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 250.00
	Date or dates debt was incurred <u>9/12/2023</u> Last 4 digits of account number _____	Basis for the claim: Credit Card Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>20</sup>	Nonpriority creditor's name and mailing address DE LAGE LANDEN FINANCIAL SERVICES 1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 24,495.03
	Date or dates debt was incurred <u>5/6/2023</u> Last 4 digits of account number _____	Basis for the claim: Credit Card Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>21</sup>	Nonpriority creditor's name and mailing address DIRECT WASTE SERVICES, INC PO BOX 384 EAST HANOVER, NJ 07936	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,764.00
	Date or dates debt was incurred <u>7/1/2023</u> Last 4 digits of account number _____	Basis for the claim: Credit Card Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>22</sup>	Nonpriority creditor's name and mailing address DONA SCHEPENS 392 KINGS HIGHWAY VALLEY COTTAGE, NY 10989	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,200.00
Date or dates debt was incurred <u>8/25/2023</u>		Basis for the claim: Credit Card Debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>23</sup>	Nonpriority creditor's name and mailing address EAB GLOBAL, INC. 2445 M Street NW Washington, DC 20037	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 363,181.88
Date or dates debt was incurred <u>9/22/2022</u>		Basis for the claim: Credit Card Debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>24</sup>	Nonpriority creditor's name and mailing address EDUCATIONAL COMPUTER SYSTEMS INC 1200 CHERRINGTON PWY SUITE 200 CORAOPOLIS, PA 15108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 681.36
Date or dates debt was incurred <u>8/31/2023</u>		Basis for the claim: Credit Card Debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>25</sup>	Nonpriority creditor's name and mailing address FEDEX PO BOX 371461 PITTSBURGH, PA 15250-7461	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,959.33
Date or dates debt was incurred <u>8/31/2023</u>		Basis for the claim: Credit Card Debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>26</sup>	Nonpriority creditor's name and mailing address FLEETPOOL USA LLC 1845 EAST SANTA FE OLATHE, KS 66062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 8,842.43
Date or dates debt was incurred <u>5/12/2023</u>		Basis for the claim: Credit Card Debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <u>27</u>	<b>Nonpriority creditor's name and mailing address</b> FOUR WINDS INTERACTIVE, LLC 1221 BROADWAY DENVER, CO 80203	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>9,000.00</u>
	<b>Date or dates debt was incurred</b> <u>5/5/2023</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> Credit Card Debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>28</u>	<b>Nonpriority creditor's name and mailing address</b> GLOBAL RETIREMENT PARTNERS LLC 4340 REDWOOD HIGHWAY SUITE B60 SAN RAFAEL, CA 94903	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>1,059.69</u>
	<b>Date or dates debt was incurred</b> <u>9/21/2023</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> Credit Card Debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>29</u>	<b>Nonpriority creditor's name and mailing address</b> GRAINGER DEPT 807235932 PALATINE, IL 60038-0001	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>14,857.58</u>
	<b>Date or dates debt was incurred</b> <u>2/28/2023</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> Credit Card Debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>30</u>	<b>Nonpriority creditor's name and mailing address</b> H.T. LYONS, INC. 7165 AMBASSADOR DRIVE ALLENTOWN, PA 18106	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>25,908.54</u>
	<b>Date or dates debt was incurred</b> <u>11/23/2022</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> Credit Card Debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>31</u>	<b>Nonpriority creditor's name and mailing address</b> HARRINGTON PRESS 207 MAIN STREET NYACK, NY 10960	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>3,136.85</u>
	<b>Date or dates debt was incurred</b> <u>1/14/2023</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> Credit Card Debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Part 2: Additional Page

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Amount of claim

3. <sup>32</sup>	Nonpriority creditor's name and mailing address HUMAN CAPITAL RESEARCH CORP 3015 NORTH LINCOLN AVE CHICAGO, IL 60657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Credit Card Debt	\$ 25,987.50
	Date or dates debt was incurred 4/26/2023 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>33</sup>	Nonpriority creditor's name and mailing address IN PLACE SOFTWARE 3000 LAWRENCE STREET DENVER, CO 80205	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Credit Card Debt	\$ 8,525.00
	Date or dates debt was incurred 7/31/2023 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>34</sup>	Nonpriority creditor's name and mailing address KAREN SUE GUSTAFSON 10521 CEDAR LAKE ROAD #204 MINNETONKA, MN 55305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Credit Card Debt	\$ 1,200.00
	Date or dates debt was incurred 8/25/2023 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>35</sup>	Nonpriority creditor's name and mailing address METROPOLITAN PAPER RECYCLING INC 847 SHEPHERD AVE BROOKLYN, NY 11208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Credit Card Debt	\$ 650.00
	Date or dates debt was incurred 4/15/2023 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>36</sup>	Nonpriority creditor's name and mailing address Microsoft Corporation One Microsoft Way Redmond, WA 98052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:	\$ 9,912.17
	Date or dates debt was incurred 01/01/2024 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>37</sup> Nonpriority creditor's name and mailing address

NELSON MADDEN BLACK LLP  
475 PARK AVENUE SOUTH SUITE 2800  
NEW YORK, NY 10016

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 356.25

Basis for the claim: Credit Card Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

9/12/2023

Last 4 digits of account number

3. <sup>38</sup> Nonpriority creditor's name and mailing address

OCS CHEMICAL ENGINEERING LLC  
1062 OREGON ROAD  
CORTLANDT MANOR, NY 10567

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 5,644.00

Basis for the claim: Credit Card Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

5/11/2023

Last 4 digits of account number

3. <sup>39</sup> Nonpriority creditor's name and mailing address

OXFORD UNIVERSITY PRESS  
2001 EVANS ROAD  
CARY, NC 27513

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 3,668.56

Basis for the claim: Credit Card Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

10/30/2022

Last 4 digits of account number

3. <sup>40</sup> Nonpriority creditor's name and mailing address

PARCHMENT LLC  
7001 N SCOTTSDALE RD SUITE 1050  
SCOTTSDALE, AZ 85253

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 20,918.00

Basis for the claim: Credit Card Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

8/11/2023

Last 4 digits of account number

3. <sup>41</sup> Nonpriority creditor's name and mailing address

PERDIA EDUCATION/GETEDUCATED.COM  
PO BOX 458  
MONTEREY, VA 24465

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 4,050.00

Basis for the claim: Credit Card Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

5/24/2023

Last 4 digits of account number

**Part 2: Additional Page**

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Amount of claim

3. <sup>42</sup>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	
	PIONEER COLLEGE CATERERS INC 303 GLENROSE AVE ATTN LAURA BRUYN NASHVILLE, TN 37201	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 92,806.94
		<b>Basis for the claim:</b> Credit Card Debt	
	<b>Date or dates debt was incurred</b> 4/25/2023	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
3. <sup>43</sup>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	
	PITNEY BOWES GLOBAL FINANCIAL SRVCS LLC 1 ELMCROFT ROAD STAMFORD, CT 06926-0700	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 8,032.02
		<b>Basis for the claim:</b> Credit Card Debt	
	<b>Date or dates debt was incurred</b> 7/12/2023	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
3. <sup>44</sup>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	
	PRUDENTIAL INSURANCE COMPANY 213 WASHINGTON STREET, 8TH FLOOR NEWARK, NJ 07102	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,855.39
		<b>Basis for the claim:</b> Credit Card Debt	
	<b>Date or dates debt was incurred</b> 8/1/2023	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
3. <sup>45</sup>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	
	PRYOR CASHMAN LLP 7 TIMES SQUARE NEW YORK, NY 10036-6569	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 17,210.00
		<b>Basis for the claim:</b> Credit Card Debt	
	<b>Date or dates debt was incurred</b> 8/10/2023	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
3. <sup>46</sup>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	
	RESPONSIVEX LLC PO BOX 085947 RACINE, WI 53408	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,200.00
		<b>Basis for the claim:</b> Credit Card Debt	
	<b>Date or dates debt was incurred</b> 7/13/2023	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

**Part 2: Additional Page**

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Amount of claim

3. <sup>47</sup>	<b>Nonpriority creditor's name and mailing address</b> RING CENTRAL INC 20 DAVIS DRIVE BELMONT, CA 94002	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 23,163.00
	<b>Date or dates debt was incurred</b> <u>6/20/2023</u>	<b>Basis for the claim:</b> Credit Card Debt	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>48</sup>	<b>Nonpriority creditor's name and mailing address</b> SAFARI TELECOM, INC. 7 RIDGEDALE AVE SUITE 103 CEDAR KNOLLS, NJ 07927	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,620.00
	<b>Date or dates debt was incurred</b> <u>7/1/2023</u>	<b>Basis for the claim:</b> Credit Card Debt	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>49</sup>	<b>Nonpriority creditor's name and mailing address</b> SAFON LLC 3 COLUMBUS CIRCLE 26TH FLOOR SUITE 2600 NEW YORK, NY 10019	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 136,570.16
	<b>Date or dates debt was incurred</b> <u>7/6/2023</u>	<b>Basis for the claim:</b> Credit Card Debt	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>50</sup>	<b>Nonpriority creditor's name and mailing address</b> SECURITY SERVICES OF 26 CONTROLS DRIVE SHELTON, CT 06484-6111	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 27,190.50
	<b>Date or dates debt was incurred</b> <u>5/31/2023</u>	<b>Basis for the claim:</b> Credit Card Debt	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>51</sup>	<b>Nonpriority creditor's name and mailing address</b> SHRED-IT USA, LLC 28161 N KEITH DRIVE LAKE FOREST, IL 60045	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 698.92
	<b>Date or dates debt was incurred</b> <u>7/3/2023</u>	<b>Basis for the claim:</b> Credit Card Debt	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>52</sup>	<b>Nonpriority creditor's name and mailing address</b> SIX RED MARBLES INC PO BOX 411302 BOSTON, MA 02241-1302	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 43,864.53
	<b>Date or dates debt was incurred</b> <u>6/9/2023</u>	<b>Basis for the claim:</b> Credit Card Debt	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>53</sup>	<b>Nonpriority creditor's name and mailing address</b> SNAPENGAGE, LLC 5005 LBJ FREEWAY SUITE 850 DALLAS, TX 75244	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 500.00
	<b>Date or dates debt was incurred</b> <u>6/30/2023</u>	<b>Basis for the claim:</b> Credit Card Debt	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>54</sup>	<b>Nonpriority creditor's name and mailing address</b> SONO STUDIOS LTD LLC 18 LEONARD STREET NORWALK, CT 06850	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,000.00
	<b>Date or dates debt was incurred</b> <u>6/4/2023</u>	<b>Basis for the claim:</b> Credit Card Debt	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>55</sup>	<b>Nonpriority creditor's name and mailing address</b> T M BIER & ASSOCIATES INC 79 HAZEL STREET GLEN COVE, NY 11542	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,410.00
	<b>Date or dates debt was incurred</b> <u>5/25/2023</u>	<b>Basis for the claim:</b> Credit Card Debt	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>56</sup>	<b>Nonpriority creditor's name and mailing address</b> TAE SOO KANG 5934 DUNN AVE SAN JOSE, CA 95123	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 500.00
	<b>Date or dates debt was incurred</b> <u>9/14/2023</u>	<b>Basis for the claim:</b> Credit Card Debt	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>57</sup>	<b>Nonpriority creditor's name and mailing address</b> THE COMMON APPLICATION INC 3003 WASHINGTON BLVD SUITE 1000 ARLINGTON, VA 22201	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 67.20
	<b>Basis for the claim:</b> Credit Card Debt		
	<b>Date or dates debt was incurred</b> 6/20/2023	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
3. <sup>58</sup>	<b>Nonpriority creditor's name and mailing address</b> THE HARTFORD 200 HOPMEADOW ST WEATOGUE, CT 06089	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 11,629.01
	<b>Basis for the claim:</b> Credit Card Debt		
	<b>Date or dates debt was incurred</b> 6/30/2023	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
3. <sup>59</sup>	<b>Nonpriority creditor's name and mailing address</b> TRANS UNION LLC PO BOX 99506 CHICAGO, IL 60693-9506	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 325.14
	<b>Basis for the claim:</b> Credit Card Debt		
	<b>Date or dates debt was incurred</b> 8/29/2023	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
3. <sup>60</sup>	<b>Nonpriority creditor's name and mailing address</b> TURNING STAR INC 600 WILLOW TREE ROAD LEONIA, NJ 07605	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 625.00
	<b>Basis for the claim:</b> Credit Card Debt		
	<b>Date or dates debt was incurred</b> 11/14/2023	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		
3. <sup>61</sup>	<b>Nonpriority creditor's name and mailing address</b> UNITEDHEALTHCARE INSURANCE 9900 BREN ROAD EAST MN008-T390 MINNETONKA, MN 55343	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,469.61
	<b>Basis for the claim:</b> Credit Card Debt		
	<b>Date or dates debt was incurred</b> 7/25/2023	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Last 4 digits of account number</b>		

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>62</sup>	<b>Nonpriority creditor's name and mailing address</b> VERIZON P.O. BOX 4820 TRENTON, NJ 08650-4820	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 742.71
	<b>Date or dates debt was incurred</b> <u>8/6/2023</u>	<b>Basis for the claim:</b> Credit Card Debt	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>63</sup>	<b>Nonpriority creditor's name and mailing address</b> VERIZON WIRELESS PO BOX 408 NEWARK, NJ 07101-0408	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,100.86
	<b>Date or dates debt was incurred</b> <u>6/30/2023</u>	<b>Basis for the claim:</b> Credit Card Debt	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>64</sup>	<b>Nonpriority creditor's name and mailing address</b> VISUALZEN, INC. 400 GRANBY ST STE 107-5 NORFOLK, VA 23510	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,000.00
	<b>Date or dates debt was incurred</b> <u>4/30/2023</u>	<b>Basis for the claim:</b> Credit Card Debt	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>65</sup>	<b>Nonpriority creditor's name and mailing address</b> W B MASON CO INC 59 CENTRE STREET BROCKTON, MA 02303	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,393.69
	<b>Date or dates debt was incurred</b> <u>6/30/2023</u>	<b>Basis for the claim:</b> Credit Card Debt	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>66</sup>	<b>Nonpriority creditor's name and mailing address</b> WESTERN PA DISTRICT OF THE C&MA 341 CHESTNUT STREET PUNXSUTAWNEY, PA 15767	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,038.75
	<b>Date or dates debt was incurred</b> <u>9/1/2023</u>	<b>Basis for the claim:</b> Credit Card Debt	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. GGR, Inc. 5858 Westheimer Road Suite 500 Houston, TX, 77057	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.2. Richard T. Avis, Attorney & Associates, LLC P.O. Box 735633 Chicago, IL, 60673-5633	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.3. Shook, Hardy and Bacon 2555 Grand Blvd. Attn: Michael Barnett, Esq. Kansas City, MO, 64108	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.1. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.5. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.6. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.7. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.8. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.9. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.10. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.11. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____



**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 122,653.63

5b. **Total claims from Part 2**

5b.

+

\$ 1,487,261.19

5c. **Total of Parts 1 and 2**

5c.

\$ 1,609,914.82

Lines 5a + 5b = 5c.

**Fill in this information to identify the case:**

Debtor name The Office of the Institution Formerly Known as Alliance University

United States Bankruptcy Court for the: Southern District of New York

Case number (If known): \_\_\_\_\_ Chapter 7

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

**2.1**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.2**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.3**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.4**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.5**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

## Fill in this information to identify the case:

Debtor name The Office of the Institution Formerly Known as Alliance UniversityUnited States Bankruptcy Court for the: Southern District of New York

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H

## Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Does the debtor have any codebtors?

☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☐ Yes2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

## Column 1: Codebtor

## Column 2: Creditor

Name

Mailing address

Name

Check all schedules that apply:

2.1

☐ D  
☐ E/F  
☐ G

2.2

☐ D  
☐ E/F  
☐ G

2.3

☐ D  
☐ E/F  
☐ G

2.4

☐ D  
☐ E/F  
☐ G

2.5

☐ D  
☐ E/F  
☐ G

2.6

☐ D  
☐ E/F  
☐ G

**Fill in this information to identify the case:**

Debtor name The Office of the Institution Formerly Known as Alliance University  
United States Bankruptcy Court for the: Southern District of New York  
Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From 06/30/2024 to Filing date  
MM / DD / YYYY

☒ Operating a business  
☐ Other

\$ 1,087,678.00

**For prior year:**

From 07/01/2022 to 06/30/2023  
MM / DD / YYYY

☒ Operating a business  
☐ Other

\$ 30,067,558.00

**For the year before that:**

From 07/01/2021 to 06/30/2022  
MM / DD / YYYY

☒ Operating a business  
☐ Other

\$ 27,902,598.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From \_\_\_\_\_ to Filing date  
MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

**For prior year:**

From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

**For the year before that:**

From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

Debtor The Office of the Institution Formerly Known as Alliance University  
Name

Case number (if known)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/23 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Forvis Mazars LLP Creditor's name 135 W 50th St New York, NY 10020		\$ 16,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other
3.2. Creditor's name		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Seminario Teologico de Puerto Rico, Inc. Insider's name 458 C. Ing. José A. V. Canals San Juan, PR 00918	07/01/2024	\$ Unknown	Transferred building where the seminary is located. Building was funded by donation with restrictions that if debtor ceased to exist, the funds would remain in Puerto Rico for seminary education. Please see corporate resolution and memo of seminary's counsel for additional
Relationship to debtor Former affiliate of debtor			
4.2. Matthew Kelly Insider's name		\$ 1,416.37	
Relationship to debtor			

Debtor The Office of the Institution Formerly Known as Alliance University  
Name

Case number (if known)

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name			\$
5.2. Creditor's name			\$

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name			\$

Last 4 digits of account number: XXXX-

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. WILMINGTON TRUST, NATIONAL ASSOCIATION, AS TRUSTEE ON BEHALF OF THE REGISTERED HOLDERS OF CITICORP		Supreme Court of the State of New York, New York County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number		60 Centre St New York, NY 10007	
850020/2024			
7.2. EAB Global, Inc. v. Alliance University		United States District Court, District of Columbia	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	Suit to collect on balance of serv	333 Constitution Avenue, N.W. Washington, DC 20001	
1:24-cv-1303			

Debtor The Office of the Institution Formerly Known as Alliance University  
Name Case number (if known)

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
Custodian's name		\$
	Case title	Court name and address
	Case number	Name
	Date of order or assignment	

#### Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name			\$
			\$
Recipient's relationship to debtor			
9.2. Recipient's name			\$
			\$
Recipient's relationship to debtor			

#### Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
			\$

Debtor The Office of the Institution Formerly Known as Alliance University Case number (if known) \_\_\_\_\_  
Name

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Ruta, Soulios & Stratis LLP		06/27/2024	\$ 23,817.00
	Address			
	104 W. 27th Street 11th Floor New York, NY 10001			

Email or website address

Who made the payment, if not debtor?

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.				\$
	Address			

Email or website address

Who made the payment, if not debtor?

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None

	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
				\$
	Trustee			



Debtor The Office of the Institution Formerly Known as Alliance University Case number (if known) \_\_\_\_\_  
Name

### 13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			
13.2. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			

### Part 7: Previous Locations

#### 14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____	_____	_____
14.2. _____	_____	_____

Debtor

The Office of the Institution Formerly Known as Alliance University  
Name

Case number (if known) \_\_\_\_\_

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1.

Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
- ☐ Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
- ☐ Paper

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☒ Yes. State the nature of the information collected and retained. Student data

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☐ No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

☒ No. Go to Part 10.

☐ Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN: \_\_\_\_\_

Has the plan been terminated?

- ☐ No
- ☐ Yes

Debtor

The Office of the Institution Formerly Known as Alliance University  
Name

Case number (if known) \_\_\_\_\_

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	_____ Name	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	_____ Name	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
_____ Name			<input type="checkbox"/> No <input type="checkbox"/> Yes
_____ Address			

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
_____ Name			<input type="checkbox"/> No <input type="checkbox"/> Yes
_____ Address			

Debtor The Office of the Institution Formerly Known as Alliance University  
Name

Case number (if known) \_\_\_\_\_

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address

Location of the property

Description of the property

Value

\$ \_\_\_\_\_

Name  
\_\_\_\_\_**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

☒ No☐ Yes. Provide details below.

Case title

Court or agency name and address

Nature of the case

Status of case

Case number

Name

- ☐ Pending  
☐ On appeal  
☐ Concluded

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

☒ No☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Name  
\_\_\_\_\_Name  
\_\_\_\_\_

Debtor The Office of the Institution Formerly Known as Alliance University  
Name

Case number (if known) \_\_\_\_\_

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____ Name	_____ Name		_____

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

25.1.	<b>Business name and address</b>  _____ Name	<b>Describe the nature of the business</b>    	<b>Employer Identification number</b> Do not include Social Security number or ITIN. EIN: _____ <b>Dates business existed</b>  From _____ To _____
25.2.	<b>Business name and address</b>  _____ Name	<b>Describe the nature of the business</b>    	<b>Employer Identification number</b> Do not include Social Security number or ITIN. EIN: _____ <b>Dates business existed</b>  From _____ To _____
25.3.	<b>Business name and address</b>  _____ Name	<b>Describe the nature of the business</b>    	<b>Employer Identification number</b> Do not include Social Security number or ITIN. EIN: _____ <b>Dates business existed</b>  From _____ To _____

Debtor The Office of the Institution Formerly Known as Alliance University Case number (if known) \_\_\_\_\_  
Name

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. <u>Christian and Missionary Alliance</u> Name <u>One Alliance Place, Reynoldsburg, OH 43068</u>	From <u>01/01/2024</u> To <u>07/13/2024</u>

Name and address	Dates of service
26a.2. <u>Beyond Green Solutions, LLC</u> Name <u>P.O. Box 25414, Rochester, NY 14625</u>	From <u>08/01/2023</u> To <u>07/13/2024</u>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Dates of service
26b.1. <u>Forvis LLP</u> Name <u>155 Avenue of the Americas, New York, NY 10036</u>	From <u>01/01/2000</u> To <u>07/13/2024</u>

Name and address	Dates of service
26b.2. _____ Name	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. _____ Name	

Debtor

The Office of the Institution Formerly Known as Alliance University  
Name

Case number (if known)

**Name and address**

**If any books of account and records are unavailable, explain why**

26c.2.

Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address**

26d.1.

Name

**Name and address**

26d.2.

Name

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of  
inventory**

**The dollar amount and basis (cost, market, or  
other basis) of each inventory**

\_\_\_\_\_  
\$ \_\_\_\_\_

**Name and address of the person who has possession of inventory records**

27.1.

Name

Debtor

The Office of the Institution Formerly Known as Alliance University  
Name

Case number (if known) \_\_\_\_\_

Name of the person who supervised the taking of the inventory

Date of  
inventoryThe dollar amount and basis (cost, market, or  
other basis) of each inventory

\$ \_\_\_\_\_

Name and address of the person who has possession of inventory records

27.2.

Name \_\_\_\_\_

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
The Christian and Missionary Alliance	One Alliance Place, Reynoldsburg, OH 43068	Parent Organization; Debtor is wholly-owned subsidiary	
Kenneth Baldes	7823 Swiftrun Road, Colorado Springs, CO 80920	Ex Officio Trustee	0
William Beatty	77 Parker Road, Plainsboro, NJ 08536	Trustee	0
Glenn Daves	4532 Mont Blanc Drive, Austin, TX 78738	Trustee	0
Rev. Thomas Flanders	507 Marsh Reed Drive, Winter Garden, FL 34787	Trustee	0

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**☐ No☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Anne Snyder Brooks	111 10th Street SE, Washington, DC 20003	Trustee	07/01/2020 To 06/14/2024
Dr. Victor Chan	817 Key Route Blvd., Albany, CA 94706	Trustee	07/01/2016 To 06/14/2024
J. Robert Ciminera	5903 Windwood Drive, Lakeland, FL 33813	Trustee	07/01/2020 To 08/20/2023
Rajan Mathews	2 Washington Street, New York, NY 10004	President	10/01/2021 To 12/31/2023

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1.	Seminario Teologico de Puerto Rico, Inc. Name 458 C. Ing. José A. V. Canals San Juan, PR	15,000.00	01/16/24	The Puerto Rico campus made a series of transfers from CDs held by Orchard Alliance. The Puerto Rico campus operated as an extension site of the university's main
	Relationship to debtor			
	Former affiliate of debtor			



Debtor The Office of the Institution Formerly Known as Alliance University Case number (if known) \_\_\_\_\_  
Name

**Name and address of recipient**

35,091.67

07/03/2024

30.2

Seminario Teologico de Puerto Rico, Inc.

Name

458 C. Ing. José A. V. Canals

San Juan, PR

**Relationship to debtor**

Former affiliate of debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

**Name of the parent corporation**

**Employer Identification number of the parent corporation**

EIN: \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

**Name of the pension fund**

**Employer Identification number of the pension fund**

EIN: \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/24/2024  
MM / DD / YYYY

**X**

/s/ Matthew Kelly

Printed name Matthew Kelly

Signature of individual signing on behalf of the debtor

Position or relationship to debtor CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

Debtor Name The Office of the Institution Formerly Known as Alliance University

Case number (if known) \_\_\_\_\_

**Continuation Sheet for Official Form 207****17) Pension Contributions****TIAA 13-1740285 Terminated****28) Additional people in control of the debtor at the time of the filing of this case****Dr. Gary Friesen One Alliance Place, 0****Reynoldsburg, OH 43068****Dr. Paul Glenn 6338 River Downs Rd., 0****Alexandria, VA 22312****Rev. Dr. Denny Krajacic 231 becker Road, Butler, 0****PA 16002****Dr. John Praveen 16 Meadowlark Drive, 0****Plainsboro, NJ 08536****Rev. Dr. Scott Slocum 37 Old Stage Road, Essex 0****Junction, VT 05452****Dr. Carolyn Tonge 4800 NW 100 Terrace, 0****Pompano Beach, FL 33076****Dr. Duane Wheeland 3011 Willow Fork Dr., 0****Katy, TX 77450****29) Former partners****Vivan Price 10 Jackson Court, 07/01/2020 06/14/2024****Cranbury, NJ 08512****Rev. Dr. Kelvin 3625 Tibbett 07/01/2019 05/30/2024****Walker Avenue, 2nd Floor,****Bronx, NY 10463****Paulette Zimmerman 3345 Members Club 07/01/2019 05/30/2024****Drive SE,****Southport, NC 28461**

United States Bankruptcy Court  
Southern District of New York

In re: The Office of the Institution Formerly Known as  
Alliance University

Case No.

Chapter 7

Debtor(s)

**Verification of Creditor Matrix**

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 12/24/2024

/s/ Matthew Kelly

Signature of Individual signing on behalf of debtor

CEO

Position or relationship to debtor

ACADEMIC SEARCH INC  
1015 18TH STREET NW SUITE 510  
Washington, DC 20036

CHARLES EDWARD BRESSLER  
230 WATERFORD WAY  
ATHENS, GA 10606

ADPRO SPORTS, LLC  
55 Amherst Villa Road  
Buffalo, NY 14225

CHRISTIAN AND MISSIONARY ALLIANCE CHURCH  
One Alliance Place  
Reynoldsburg, OH 43068

AETNA MIDDLETOWN  
PO BOX 88863  
CHICAGO, IL 60695

CINTAS CORPORATION NO. 2  
PO BOX 631025  
CINCINNATI, OH 45263-1025

AIR STREAM AIR CONDITIONING CORP  
400 CROSSWAYS PARK DRIVE  
WOODBURY, NY 11797

COMMISSION ON COLLEGIATE NURSING  
ONE DUPONT CIRCLE NW  
SUITE 530  
WASHINGTON, DC 20036-1120

ALLIED UNIVERSAL SECURITY SERVICES  
PO BOX 828854  
Philadelphia, PA 19182-8854

COSCHEDULE LLC  
318 E BROADWAY AVE  
BISMARCK, ND 58501

AMERICAN EXPRESS  
PO Box 297871  
Fort Lauderdale, FL 33329

D2L LTD  
210 WEST PENNSYLVANIA AVE  
SUITE 400A  
TOWSON, MD 21204

AMERICAN PHILANTHROPIC, LLC  
119 N. HIGH STREET  
WEST CHESTER, PA 19380

DAVID HEARN  
PO BOX 369  
PRITCHARD , BC V0E-2P0

ARAMARK  
24818 NETWORK PLACE  
ATTN: ARAMARK HIGHER EDUC  
CHICAGO, IL 60673-1248

DE LAGE LANDEN FINANCIAL SERVICES  
1111 OLD EAGLE SCHOOL ROAD  
WAYNE, PA 19087

ARAMARK REFRESHMENT SERVICES  
PO BOX 21971  
NEW YORK, NY 10087-1971

DIRECT WASTE SERVICES, INC  
PO BOX 384  
EAST HANOVER, NJ 07936

ATLANTIC BUSINESS PRODUCTS  
134 WEST 26TH STREET  
NEW YORK, NY 10001

DONA SCHEPENS  
392 KINGS HIGHWAY  
VALLEY COTTAGE, NY 10989

BETHEL GOSPEL ASSEMBLY, INC.  
2-26 E 120TH STREET  
NEW YORK, NY 10035

EAB GLOBAL, INC.  
2445 M Street NW  
Washington, DC 20037

CABLEVISION LIGHTPATH, INC.  
PO BOX 360111  
PITTSBURGH, PA 15251

EAB Global, Inc.  
2445 M St. NW  
Washington, DC 20037

EDUCATIONAL COMPUTER SYSTEMS INC  
1200 CHERRINGTON PWY SUITE 200  
CORAOPOLIS, PA 15108

KAREN SUE GUSTAFSON  
10521 CEDAR LAKE ROAD #204  
MINNETONKA, MN 55305

FEDEX  
PO BOX 371461  
PITTSBURGH, PA 15250-7461

METROPOLITAN PAPER RECYCLING INC  
847 SHEPHERD AVE  
BROOKLYN, NY 11208

FLEETPOOL USA LLC  
1845 EAST SANTA FE  
OLATHE, KS 66062

Microsoft Corporation  
One Microsoft Way  
Redmond, WA 98052

FOUR WINDS INTERACTIVE, LLC  
1221 BROADWAY  
DENVER, CO 80203

Nataxis Real Estate Capital LLC  
1251 Avenue of the Americas  
New York, NY 10020

GGR, Inc.  
5858 Westheimer Road  
Suite 500  
Houston, TX 77057

NELSON MADDEN BLACK LLP  
475 PARK AVENUE SOUTH SUITE 2800  
NEW YORK, NY 10016

GLOBAL RETIREMENT PARTNERS LLC  
4340 REDWOOD HIGHWAY SUITE B60  
SAN RAFAEL, CA 94903

NY State Sales Tax  
Harriman Campus Road  
Albany, NY 12227

GRAINGER  
DEPT 807235932  
PALATINE, IL 60038-0001

NYS Insurance Fund  
PO BOX 5519  
BINGHAMTON, NY 13902-5519

Greystone Servicing Company LLC  
5221 N. O'Connor Blvd.  
Suite 800  
Irving, TX 75039

NYS Unemployment Insurance Fund  
PO BOX 4301  
Binghamton, NY 13902-4301

H.T. LYONS, INC.  
7165 AMBASSADOR DRIVE  
ALLENTOWN, PA 18106

OCS CHEMICAL ENGINEERING LLC  
1062 OREGON ROAD  
CORTLANDT MANOR, NY 10567

HARRINGTON PRESS  
207 MAIN STREET  
NYACK, NY 10960

OXFORD UNIVERSITY PRESS  
2001 EVANS ROAD  
CARY, NC 27513

HUMAN CAPITAL RESEARCH CORP  
3015 NORTH LINCOLN AVE  
CHICAGO, IL 60657

PARCHMENT LLC  
7001 N SCOTTSDALE RD SUITE 1050  
SCOTTSDALE, AZ 85253

IN PLACE SOFTWARE  
3000 LAWRENCE STREET  
DENVER, CO 80205

PERDIA EDUCATION/GETEDUCATED.COM  
PO BOX 458  
MONTEREY, VA 24465

PIONEER COLLEGE CATERERS INC  
303 GLENROSE AVE  
ATTN LAURA BRUYN  
NASHVILLE, TN 37201

SHRED-IT USA, LLC  
28161 N KEITH DRIVE  
LAKE FOREST, IL 60045

PITNEY BOWES GLOBAL FINANCIAL SRVCS LLC  
1 ELMCROFT ROAD  
STAMFORD, CT 06926-0700

SIX RED MARBLES INC  
PO BOX 411302  
BOSTON, MA 02241-1302

PRUDENTIAL INSURANCE COMPANY  
213 WASHINGTON STREET, 8TH FLOOR  
NEWARK, NJ 07102

SNAPENGAGE, LLC  
5005 LBJ FREEWAY  
SUITE 850  
DALLAS, TX 75244

PRYOR CASHMAN LLP  
7 TIMES SQUARE  
NEW YORK, NY 10036-6569

SONO STUDIOS LTD LLC  
18 LEONARD STREET  
NORWALK, CT 06850

RESPONSIVEX LLC  
PO BOX 085947  
RACINE, WI 53408

T M BIER & ASSOCIATES INC  
79 HAZEL STREET  
GLEN COVE, NY 11542

Richard T. Avis, Attorney & Associates, LLC  
P.O. Box 735633  
Chicago, IL 60673-5633

TAE SOO KANG  
5934 DUNN AVE  
SAN JOSE, CA 95123

RING CENTRAL INC  
20 DAVIS DRIVE  
BELMONT, CA 94002

The 17 Battery Place Condominium  
3 Columbus Circle  
Suite 2300  
New York, NY 10019

SAFARI TELECOM, INC.  
7 RIDGEDALE AVE SUITE 103  
CEDAR KNOLLS, NJ 07927

THE COMMON APPLICATION INC  
3003 WASHINGTON BLVD SUITE 1000  
ARLINGTON, VA 22201

SAFON LLC  
3 COLUMBUS CIRCLE 26TH FLOOR  
SUITE 2600  
NEW YORK, NY 10019

THE HARTFORD  
200 HOPMEADOW ST  
WEATOGUE, CT 06089

Safon Owner LLC c/o The Moinian Group  
3 Columbus Circle  
Suite 2300  
New York, NY 10019

TRANS UNION LLC  
PO BOX 99506  
CHICAGO, IL 60693-9506

SECURITY SERVICES OF  
26 CONTROLS DRIVE  
SHELTON, CT 06484-6111

TURNING STAR INC  
600 WILLOW TREE ROAD  
LEONIA, NJ 07605

Shook, Hardy and Bacon  
2555 Grand Blvd.  
Attn: Michael Barnett, Esq.  
Kansas City, MO 64108

UNITEDHEALTHCARE INSURANCE  
9900 BREN ROAD EAST  
MN008-T390  
MINNETONKA, MN 55343

VERIZON  
P.O. BOX 4820  
TRENTON, NJ 08650-4820

VERIZON WIRELESS  
PO BOX 408  
NEWARK, NJ 07101-0408

VISUALZEN, INC.  
400 GRANBY ST STE 107-5  
NORFOLK, VA 23510

W B MASON CO INC  
59 CENTRE STREET  
BROCKTON, MA 02303

WESTERN PA DISTRICT OF THE C&MA  
341 CHESTNUT STREET  
PUNXSUTAWNEY, PA 15767

Wilmington Trust

# United States Bankruptcy Court

Southern District of New York

**In re** The Office of the Institution Formerly Known as Alliance University

Case No. \_\_\_\_\_

**Debtor**

Chapter <sup>7</sup> \_\_\_\_\_

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☒ FLAT FEE

For legal services, I have agreed to accept ..... \$ 23,817.00  
Prior to the filing of this statement I have received. .... \$ 24,155.00  
Balance Due. .... \$ -338.00

☐ RETAINER

For legal services, I have agreed to accept a retainer of ..... \$ \_\_\_\_\_  
The undersigned shall bill against the retainer at an hourly rate of ..... \$ \_\_\_\_\_  
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify) N/A

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify) N/A

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;



d. [Other provisions as needed]

Reviewing the Debtor's financial information and relevant documents concerning its financial affairs, assets and liabilities, preparation and filing of Chapter 7 bankruptcy Petition, and Schedules, and Statement of Financial affairs, representation of Debtor at the initial Rule 341 Meeting of Creditors before the United States Trustee. Respond to inquiries (telephone calls and correspondence) about the Debtor's case made by creditors and interested parties.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Flat fee retainer does not cover any subsequent hearings (after the initial Meeting of Creditors) or motions or objections or examinations or adversary proceedings that may be brought or initiated or conducted by creditors, the Chapter 7 Trustee, or the United States Trustee.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

12/24/2024

/s/ Steven Soulios, 2338408

*Date*

*Signature of Attorney*

Ruta Soulios & Stratis LLP

*Name of law firm*  
104 West 27th Street  
11th Floor  
New York, NY 10001